

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

-62-040315

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

10054

FILED OCT 29 1962

| | | | |
|--|---|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b 41 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital # 1 | | d. STREET ADDRESS (If outside, give location) 2604 Slattery Street | |
| 3. NAME OF DECEASED (Type or print) First MELBA Middle HENDERSON Last | | 4. DATE OF DEATH Month Oct Day 17 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE Col | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-27-19 |
| 9. AGE (last birthday) 43 | | IF UNDER 1 YEAR Months 4 Days 20 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Greenville Miss | | 12. CITIZEN OF WHAT COUNTRY U.S.A | |
| 13a. FATHER'S NAME Joseph Hamilton Sr | | 13b. MOTHER'S MAIDEN NAME Elnora Anderson | |
| 14. NAME OF HUSBAND OR WIFE Harry Henderson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Harry Henderson 2604 Slattery St | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the left breast Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Generalized Carcinoma Toxic) DUE TO (c) 170X | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 9:22 a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis Co Mo | |
| 21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Jas H. Randle (Degree or title) | | 22b. ADDRESS 1300 Clark | |
| 22c. DATE SIGNED 10-19-62 | | 23a. BIRTHPLACE (City and state or country) Greenville Miss | |
| 23b. DATE 10/22/1962 | | 23c. NAME OF CEMETERY OR CREMATORY Greenwood | |
| 23d. LOCATION (City, town, or county) St. Louis Co Mo | | 23e. DATE RECD. BY LOCAL REG. OCT 20 1962 | |
| 24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave | | 25. REGISTRAR'S SIGNATURE Heal Smith MD | |

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DATE AMENDED

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eugene H. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.